	CLAIMS AS					_	AALL EI	YTITK		OTHER	
TOTAL CLAIMS		(Column	10	(Colu	mn 2)		PE C	FEE	OR	SMALL	·
FOR		NUMBER	EII'ED	NUMB	ER EXTRA	-	ASIC FEE			RATE	FEI
	DIE CLAIME			Nomb	CHEXINA	-		373.00	OH	BASIC FEE	750.
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MULTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		00	+280 ₌	
If the difference	in column 1 is	less than z	ero, enter	"0" in c	olumn 2	١.					
		•					FOTAL		WH	TOTAL	7/2/2/2
6-6-05	LAIMS AS A (Column 1)	AMENDE	Colur)		(Column 3)		MALL	ENTITY	ÖR	OTHER	
	CLAIMS		HIGH	EST		F		ADDI-			ADD
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Total Independent	AMENDMENT	Minus	PAID	FOR	- 0			FEE			, FEI
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	_ _	·		Obdite			+140=		OR	+280=	
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	(Column 1)				(Column 2)	L			OR OR		
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	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner,		(Colur	nn 2) EST BER	PRESENT	AD	TOTAL			TOTAL	
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